

## Review

# Characteristics of the bereavement experience of older persons after spousal loss: An integrative review

Rahel Naef<sup>a,b,\*</sup>, Richard Ward<sup>c</sup>, Romy Mahrer-Imhof<sup>a</sup>, Gunn Grande<sup>b</sup>

<sup>a</sup> Institute of Nursing, Zurich University of Applied Sciences, Technikumstrasse 71, 8401 Winterthur, Switzerland

<sup>b</sup> School of Nursing, Midwifery and Social Work, University of Manchester, Manchester, UK

<sup>c</sup> School of Applied Social Science, University of Stirling, Stirling, UK

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## ABSTRACT

**Background:** Spousal loss can be a dramatic life event for older persons, and a difficult experience that affects everyday life. Research shows that bereavement influences health and well-being in old age and involves changes in social networks. However, the nature of the bereavement experience for older widows/ers remains unclear.

**Objectives:** To determine key characteristics of the bereavement experience of older widowed persons.

**Design:** An integrative review of the literature was performed using the framework developed by [Whittemore and Knafl \(2005\)](#).

**Data sources:** Research studies investigating aspects of the bereavement experiences of widowed older (>65) persons ( $n = 39$ ) were included. The electronic databases Medline, CINAHL, PsychInfo, Sociological Abstracts, and Cochrane Library and relevant journals were searched up to February 2011.

**Review methods:** The health sciences literature was searched systematically and iteratively to determine relevant studies. Data analysis and synthesis of primary sources of qualitative and quantitative research studies occurred through the processes of data reduction, display, comparison, conclusion drawing and verification ([Whittemore and Knafl, 2005](#)).

**Results:** A majority of the reviewed studies included more women than men as participants. The studies' findings suggest that daily activities and routines are disrupted in bereavement, while certain coping strategies seem to sustain older persons in their everyday life. Many older persons face a pervasive sense of loneliness and difficult daily and yearly times. Health concerns prevail or intensify, and older persons have to negotiate their independence and new identity as widow/ers in a social context. Findings show changes in relationships with close others, which are both a challenge and resource for older widow/ers. Moreover, many older persons maintain connections with the deceased spouse.

**Conclusions:** This review suggests that constructing a new identity as widow/er and striving for independence in the face of disrupted everyday activities and routines, loneliness, health concerns and changed relationships within the family and social network are essential features of older persons' bereavement experience. While many of the identified characteristics of the bereavement experience may not be specific to later life, they need to be considered when working with this population given the concurrent challenges of the ageing process and declining health.

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\* Corresponding author at: Institute of Nursing, Zurich University of Applied Sciences, Technikumstrasse 71, 8401 Winterthur, Switzerland.

Tel.: +41 58 934 63 72; fax: +41 58 935 63 72.

E-mail address: [rahel.naef@zhaw.ch](mailto:rahel.naef@zhaw.ch) (R. Naef).

### What is already known about the topic?

- Widowhood is characterized by a consistent age and gender pattern in the western world. A majority of persons become widow/ers in later life, with women being affected more often, at a younger age and for longer time periods than men.
- Conjugal bereavement in old age can be particularly difficult because of concurrent losses, failing health and increasing dependence on others. Research shows that grief affects older persons' health and well-being.
- Newer understandings of bereavement suggest that grief is a very individualized, yet pervasive and common experience that needs to be integrated into the biographical narrative and meaning of persons' lives.

### What this paper adds?

- After spousal loss, many older persons face disruptions in their daily routines and activities and use various strategies to live with their loss. Often, they deal with a pervasive sense of loneliness, health concerns, and fluctuations in grief intensity.
- Older persons reconstruct their identity and have to negotiate their independence as widow/ers in a social context. They consider relationships with family, friends, and other persons a resource, and frequently continue their relationship with the deceased spouse in a number of ways.
- The findings of the reviewed studies support conceptualizations of grief as an existential experience that disrupts the taken-for-granted life-world of persons, and involves an ongoing relationship with deceased persons despite their physical absence.

## 1. Introduction

The loss of a close other through death is a pervasive experience in old age (Lalivie d'Epinay et al., 2009), with spousal loss being one of the most life-changing losses (Byrne and Raphael, 1994; Carr et al., 2001). Widowhood is characterized by a consistent age and gender pattern in the western world. A majority of persons become widow/ers in later life when they are in their early seventies. Women are affected more often, at a younger age and for longer time periods than men (Administration on Aging, 2011; Federal Interagency Forum on Aging-Related Statistics, 2012; Swiss Statistics, 2009). For instance, in Switzerland, around 26% of women and 21% of men between the age of 65 and 74 years become widow/ers, and a further one third between 75 and 84 years (Swiss Statistics, 2009). US data show that between the age of 75 and 84, about half of women are widowed, in contrast to 17% of men (Federal Interagency Forum on Aging-Related Statistics, 2012).

Even though spousal loss happens frequently at an advanced age, bereavement is considered particularly challenging for older persons because of concurrent losses outside a bereavement context (Jeffreys, 2011; Moss et al., 2001; Pilkington, 2005). Multiple losses pose many emotional and practical challenges, such as facing failing health and symptoms, struggling with one's limitations

during everyday activities, living with an increased need for support, maintaining social connections and a sense of belonging, and reviewing one's life and having hopes for the future (Easley and Schaller, 2003; Hinck, 2004; Montbriand, 2004; Wondolowski and Davis, 1991). Moreover, it has been found that newly widowed, older persons experience more depression, despair and distress (Bennett, 1997a,b, 1998; Onrust and Cuijpers, 2006), higher rates of institutionalization and an increased mortality risk compared to non-bereaved peers (Elwert and Christakis, 2008; Martikainen and Valkonen, 1996; Nihitilä and Martikainen, 2008).

Despite these challenges and potential negative consequences of spousal loss in old age, grief is foremost a pervasive and common, albeit existential human experience (Cowles, 1996; Cowles and Rodgers, 1991; Jacob, 1996a). Traditional views of grief as a linear and normative process that ends with its resolution, expressed in breaking bonds and moving on with life have been widely questioned (Attig, 1996; Florczak, 2008; Moules, 1998; Neimeyer, 2001; Pilkington, 2006). It has been suggested that such an objectivist stance leads to prescriptive models of nursing practice, which ignores human subjectivity, dismisses grieving as an unique, ongoing, intersubjective, and meaning-constructing endeavour, and even adds to persons' suffering (Florczak, 2008; Moules et al., 2004; Pilkington, 2006). Newer understandings propose that the experience of loss disrupts life's narrative (Neimeyer, 2001, 2006), shatters persons' familiar and taken-for-granted world (Attig, 1991), and requires a complex coping process that shifts between focusing on the loss experience itself and attending to the everyday consequences of the loss (Stroebe and Schut, 1999, 2010). Thus, grieving is inherently about reconstructing life's meaning (Neimeyer, 2001, 2005), relearning to live everyday life following the loss (Attig, 1996, 2001), attending to the loss and its everyday consequences through a complex and dynamic coping process (Stroebe and Schut, 1999, 2010), and remembering the deceased person through an ongoing engagement (Attig, 2000; Hedtke and Winslade, 2004; Klass et al., 1996). While such newer conceptualizations are useful guides for practice, research-based knowledge about the bereavement processes and characteristics is needed when working with older widowed persons.

Research shows that individual and group therapy-based interventions are often unnecessary and may only be beneficial for persons with a debilitating experience of grief (Jordan and Neimeyer, 2003; Schut et al., 2001). However, nurses and other health professionals regularly encounter and work with conjugally bereaved older persons in their clinical practice (Moules et al., 2007; White and Ferszt, 2009). At present, there is a lack of clarity about older persons' experience of conjugal bereavement, and how nurses can best support them in their everyday life after spousal loss. No review of the literature was identified that focuses on the characteristics of the bereavement experiences of conjugally bereaved older persons. A synthesis of research around conjugal bereavement in later life may facilitate more person-centred practice and support in service delivery to older people.

## 2. The review

### 2.1. Aim

The review aims to synthesize research studies that investigate the characteristics of the individual bereavement experience of older, widowed persons aged 65 years or older to contribute to an empirical knowledge base for clinical practice. The review was guided by the question: “What is the current state of knowledge in the health sciences literature about older persons’ bereavement experience after spousal death; that is, the meaning of the loss, everyday activities following the loss, and strategies that are used to live with the loss?”

### 2.2. Design

An integrative review methodology was used because it allows for the narrative integration of findings from qualitative and quantitative research around a particular phenomenon of concern (Whittemore, 2008; Whittemore and Knafl, 2005). Integrative reviews employ a systematic procedure for searching the literature and for evaluating, analysing, and synthesizing data to arrive at a comprehensive understanding of the investigated topic, which is presented in a narrative form (Whittemore and Knafl, 2005).

### 2.3. Search methods

Electronic databases included Medline (1948–February 2011), CINAHL (1937–March, 2011), PsycInfo (1806–February 2011), Sociological Abstracts (February 2011), and the Cochrane Library (July 2011) and were searched using the terms: (1) “bereavement”, “grief”, “loss of a loved one”, “death and dying”, “death of spouse”; (2) “widows and widowers”, “widowhood”, “spouses”; and (3) “old age”, “aged”, “elderly people”. A hand-search was conducted starting from 2005 of the journals *Death Studies* (to Vol. 35, Iss. 7), *Bereavement Care* (to Vol. 30, Iss. 2), and *Omega: Journal of Death and Dying* (to Vol. 64, Iss. 2).

To be included, conjugal bereavement studies had to be in English or German, the mean age of the sample had to be 65 years or above, or, when no mean age was given, the majority of the sample had to be above 65 years-old, and the phenomenon investigated had to focus on the conjugal bereavement experience of older persons. Studies were excluded if they focused on particular bereavement issues, such as depression, insomnia, mortality, health care utilization, or social support, investigated individual perspectives of other populations, like caregivers, adult children, parents or siblings, or focused on widowhood experiences outside an explicit bereavement context, for instance the experience of loneliness, well-being or psychosocial health of widow/ers.

### 2.4. Quality appraisal

Quality appraisal was performed using the critical review forms developed by the McMaster University Occupational Therapy Evidence-Based Practice Research

Group (Law et al., 1998/2007; Letts et al., 2007). These guidelines were chosen because they provide separate appraisal tools for qualitative and quantitative studies in a comparable format yet with distinctive and appropriate criteria for each research approach.

Studies that were judged to be of low quality based on the critical appraisal tool were included, yet their findings were weighted less strongly when synthesizing results (Whittemore and Knafl, 2005). Moreover, caution was applied when drawing conclusions based on their findings.

### 2.5. Data abstraction and synthesis

Data synthesis followed the framework by Whittemore and Knafl (2005) and Whittemore (2008) (Table 1). All studies were read carefully, summarized in tables, and appraised for quality. To manage the data and aid the analysis (Whittemore and Knafl, 2005), studies were grouped into four thematic areas developed in response to the included studies: (1) experiential aspects; (2) everyday activities; (3) coping strategies/strategies to live with loss; and (4) grief reactions. Next, study data were extracted for each study separately and findings of each study were coded inductively (Whittemore, 2008). All codes were subsequently listed, and analyzed for commonalities and differences. Common codes were synthesized into themes and graphically displayed by drawing a conceptual mind map (Whittemore, 2008; Whittemore and Knafl, 2005). Findings from one study could be grouped into several different themes. A theme was defined as a key characteristic of the bereavement experience that was present in several studies. Initial themes were reorganized based on levels of abstraction until a clear discrimination between themes was evident. This included a creative process of comparing and contrasting displayed data, codes, and initial themes to discern commonalities and contradictions in the bereavement experience of older persons.

**Table 1**  
Data analysis used for integrative reviews.

Data reduction	Extracting data from each primary source using overall classification system (deductive process). Remaining open to themes not yet captured within classification system (inductive process). Coding of extracted data.
Data display	Display of coded data in conceptual map, bringing individual data sets together around particular variables.
Data comparison	Comparing data through a circular and repetitive process to identify themes or relationships. This involves comparing-contrasting various extracted data and regrouping them around similar themes.
Conclusion drawing	Derive usual and unusual experiential patterns, meanings, activities, and strategies, identification of similarities and differences.
Verification	Verify findings of this analysis process with primary sources for accuracy.

Adapted from Whittemore and Knafl (2005, pp. 548–551) and Whittemore (2008, p. 153).

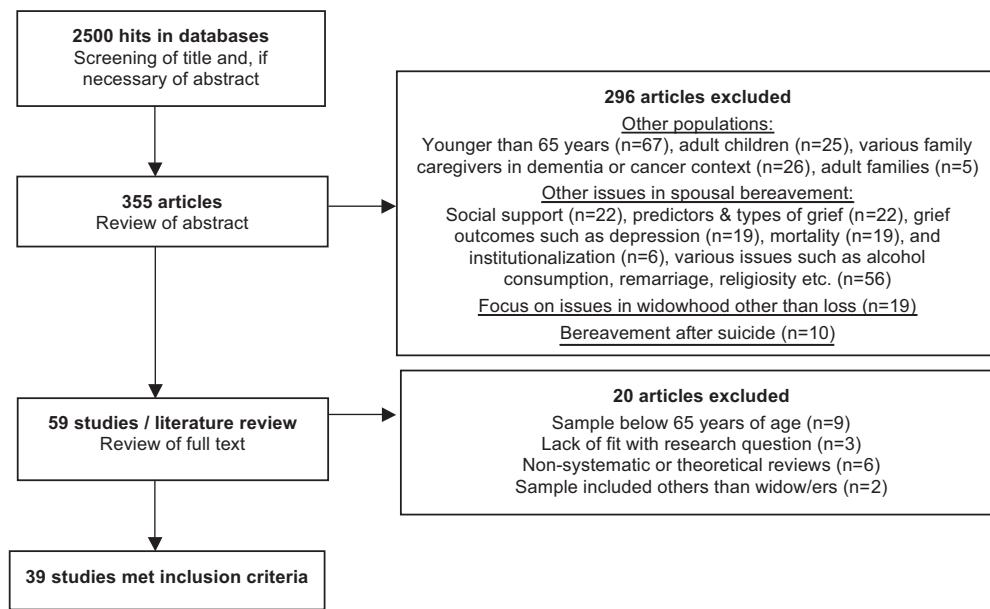


Fig. 1. Flow chart of the literature search process.

### 3. Results

#### 3.1. Characteristics of the studies

The search of the literature yielded around 2500 hits. 355 abstracts with conjugally bereaved older persons were screened, of which 59 publications were retrieved as full text (Fig. 1). Thirty-nine studies that investigated characteristics of the bereavement experience of older widowed persons were included in this review (Table 2). The mean age of participants ( $n = 28$ ) was 70.5 (SD 3.98) years. With 41% of studies with women only, and an average of 82% (0–100) of women participants, studies represent largely a female perspective. One third (31%,  $n = 12$ ) of studies included different ethnic, and other minoritised or clinical groups, such as African American widows, lesbian partners, or cancer caregivers, and 77% ( $n = 30$ ) of the studies were conducted in North America. Twenty studies used a quantitative design, followed by qualitative ( $n = 17$ ), and mixed method approaches ( $n = 2$ ). Twenty-five studies were of high or good quality, nine of moderate, and five of low quality. Through the analysis process, six major themes around conjugal bereavement of older persons could be identified (Table 3). In the following, each theme is presented.

#### 3.2. Theme 1: everyday activities and routines

Nineteen studies entailed findings that are concerned with the everyday life of older widowed persons after the death of their spouse. Included studies show that older, widowed persons use various activities and strategies to live with their loss, in particular “keeping busy” and “being involved in routines and activities” (Anderson and Dimond, 1995; Brabant et al., 1992; Harrison et al., 2004; Hegge, 1991; Hegge and Fischer, 2000; Hockey et al., 2001; Holtslander et al., 2011; Jacob, 1996b; McIntyre and

Howie, 2002; Rodgers, 2004; Shih et al., 2010; Steeves and Kahn, 2005). Studies report that involvement in church activities and the practice of one’s belief or religion, and the development of skills assisted older persons to live with their loss. “Handling unexpected emotions and reminders”, “seeking peace and being thankful”, or “learning to live with the pain that dissipates over time, but never goes away” were also described, albeit less often.

Two studies found that the most frequent leisure activities were talking or getting together with family or friends, gardening, religion, walking or sports, and reading or watching TV (Janke et al., 2008; Patterson, 1996). While the extent of participation in leisure activities fluctuated, the largest proportion of older persons kept or increased social contacts, in particular visiting. Remembrance activities were also used. The most frequent were talking to others about the deceased, displaying a photograph at home, spending time with people who were special to the deceased, and revisiting places with special memories (Vale-Taylor, 2009).

Notwithstanding the many strategies and activities that were helpful, studies show that older widowed persons experience times in a day or a year that are particularly difficult, such as mealtimes, bedtime, anniversaries and specific seasons, and that they face challenges in dealing with spare time (Anderson and Dimond, 1995; Brabant et al., 1992; Holtslander and Duggleby, 2010; Steeves, 2002). Planning life day-by-day is reported to be one way to deal with the difficulty of passing the time (Chan and Chan, 2011; Costello and Kendrick, 2000; Holtslander et al., 2011).

#### 3.3. Theme 2: emotions

Twelve qualitative studies report that older persons often experience a pervasive sense of loneliness in daily life following the loss of their life-companion (Anderson and Dimond, 1995; Chan and Chan, 2011; Costello and

**Table 2**  
Summary of included conjugal bereavement studies.

Author, year and country	Design	Purpose or phenomenon	Participants	N	Age	% female	Data collection	Data analysis	Themes <sup>a</sup>					
									1	2	3	4	5	6
Anderson and Dimond, 1995 and USA Nursing	Qualitative study	Experiences of older bereaved	Widow/ers within 2 years after loss	12	53–89	58	Open-ended interviews at 3 weeks, 6, 12, 24 months	Framework analysis based on semantic-relationships after Spreadley	X	X	X	X		
Bennett et al., 2010 and UK Psychology	Mixed method study	Performance of instrumental tasks before and after loss	Widows	21	78	100	Semi-structured interviews	Binominal tests, McNemar test Qualitative analysis adapted from grounded theory			X			
Bent and Magilvy, 2006 and USA Nursing	Qualitative-descriptive study	Bereavement experience	Lesbians after partner loss	6	50–70	100	In-depth, open interviews	Thematic analysis based on van Manen			X			
Brabant et al., 1992 and USA Sociology	Qualitative study	Thoughts, feelings and behaviours	Widowers of women deceased in hospice care	20	65	0	Semi-structured interviews	Not described	X	X				
Carlsson and Nilsson, 2007 and Sweden Public Health	Cross-sectional descriptive study	Situation and adaptation during first year after loss	Bereaved spouses	45	66	62	Interviews Texas Revised Inventory of Grief Posttraumatic Grief Inventory	t-Test			X	X	X	
Carnelley et al., 2006 and USA/UK Psychology	Longitudinal cohort study Data from Americans' Changing Lives (ACL) study	Time course of adaptation to loss	Individuals after spousal loss	768	70	82	Structured Interviews: continuing involvement and emotional resolution, finding meaning in loss, personal growth	Regression modelling			X		X	
Caserta and Lund, 1992 and USA Nursing/ Sociol.	Longitudinal, case-control study	Comparison of expected stress and coping with actual experience	Recently bereaved spouses and non-bereaved older adults	108 85	67	78	Questionnaire or structured interview: perceived stress and coping Likert scales at 4 weeks, 2, 6, 12, 18, 24 months	ANOVA						X
Chan and Chan, 2011 and Hong Kong Social Work	Grounded theory study	Adjustment process	Bereaved Chinese older adults after spousal loss	15	74	66	Semi-structured interviews	Grounded theory after Glaser	X	X	X			
Chovan and Chovan, 2006 and USA Psychology	Longitudinal, descriptive pilot study	Nature of change in self-process	Early and late bereaved widows	6 6	74	100	Clinical interviews and Revised Ways of Coping Scale around 1,4, 8 weeks around self-help group attendance	Not described						X
Costello and Kendrick, 2000 and UK Nursing	Qualitative study	Grief experience	Older persons whose partner died recently in hospital	12	74	67	Ethnographic Interviews	Phenomenological process of content analysis after Beauchamp	X	X	X			
Gass, 1987 and USA Nursing	Cross-sectional descriptive-correlational study	Appraisal of bereavement, coping patterns, resources and health functioning	Widows bereaved less than a year	100	71	100	Appraisal of bereavement Ways of Coping checklist Assessment of resources Sickness Impact Profile	ANOVA with Scheffè post hoc test Pearson correlation						X



Gass, 1988 and USA Nursing	Cross-sectional descriptive-correlational study	Similarities and differences in gender in appraisal of bereavement, coping patterns, resources and health functioning	Widow/ers	100 59	71	63	Appraisal of bereavement Ways of Coping checklist Assessment of resources Sickness Impact Profile	t-Test or Chi-square test for differences Pearson and biserial correlation for associations ANOVA with Scheffé post hoc test											X
Harrison et al., 2004 and USA Nursing	Hermeneutic phenomenological study	Widowhood experience	African American widows	11	70	100	Interviews and field notes	Hermeneutical phenomenological analysis after Cohen, Kahn and Steeves Not described		X	X	X							
Hegge, 1991 and USA Nursing	Qualitative pilot study	Coping processes	Widow/ers	26	–	81	Structured interviews			X	X	X	X						
Hegge and Fischer, 2000 USA Nursing	Qualitative study	Differences in grief responses of older and oldest-old persons	Widows aged 60–74 and 75–94	22 17	–	100	Structured interviews	Analysis of patterns, coding, comparison of differences between age groups		X			X						
Herth, 1990 and USA Nursing	Cross-sectional correlational study	Relationships of hope, coping skills, concurrent losses and grief	Bereaved spouses	75	79	62	Questionnaire Herth Hope Scale Jalowiec Coping Scale Grief Resolution Index	Pearson correlation ANOVA with Turkey HSD post hoc test Multiple regression Descriptive coding											X
Hockey et al., 2001 and UK	Qualitative-exploratory study	Practical and emotional challenges of sustaining meaningful life	Widow/ers aged 60–74 and 75–94	22 17	–	–	Interviews			X	X	X							
Holtslander and Duggieby, 2010 and Canada Nursing	Qualitative study based on grounded theory	Psychosocial context of bereavement	Widows after caregiving for spouse with adv. cancer	13	60–79	100	2 open-ended interviews and diary over a two week period	Constant comparative methods and thematic analysis		X	X	X	X						
Holtslander et al., 2011 and Canada Nursing	Constructivist grounded theory study	Finding balance	Widow/ers after caregiving for spouse with adv. cancer	6	73	64	Multiple interviews and diaries	Grounded theory analysis after Charmaz		X	X	X	X						
Jacob, 1996 and USA Nursing	Grounded theory study	Generate conceptual definition of grief	Widows whose husbands were enrolled in a hospice programme	6	74	100	Interviews 1–4, 7–10, 13–16 months after loss (n = 20)	Constant comparative method		X	X	X							
Janke et al., 2008 and USA	Longitudinal cohort study Data from Americans' Changing Lives (ACL) study	Changes and frequency of leisure activities, relationship to physical and mental health	Widow/ers	154	69	90	Questionnaire about leisure participation before and after loss Index of functional health CES-D Life satisfaction Coping and adaptation	Classification of change in leisure activity ANOVA to determine association btw change or stability		X									
Kim et al., 2011 and USA Nursing	Longitudinal cohort study Data from Changing Lives of Older Couples (CLOC) study	Trajectory of gaining personal strength	Bereaved older widow/ers	101	72	90	6, 18, 24 months after loss Structured interviews about personal strength, finding meaning, religiosity, social support, caregiver strain	Latent growth modelling based on structural equation modelling analytic framework											X
Kowalski and Bondmass, 2008 and USA Nursing	Cross-sectional descriptive-correlational study	Physical and psychosocial symptoms of grief, relationship between symptoms and grief	Widows	173	66	100	Revised Grief Experience Inventory Demographic form	Pearson product-moment correlation ANOVA with post hoc Turkey test										X	X

Table 2 (Continued)

Author, year and country	Design	Purpose or phenomenon	Participants	N	Age	% female	Data collection	Data analysis	Themes <sup>a</sup>					
									1	2	3	4	5	6
Lalitha and Jamuna, 2004 and India	Cross-sectional descriptive study	Psychosocial problems of adjustment and coping strategies	Widow/ers aged 60–65 and 66–70	120	–	50	Problem Inventory for Older People Health and Daily Activity Scale for Coping	Not described						X
McIntyre and Howie, 2002 and Australia	Qualitative case study	Meaningful occupation	Woman widowed twice	1	–	100	3 in-depth interviews	Thematic analysis with use of a coding scheme	X					
Ott et al., 2007 and USA	Longitudinal cohort study Yale Bereavement Study (YBS)	Patterns and typology of grief	Bereaved spouses	144	70	69	4, 9, 18 months after loss Inventory of Complicated Grief Revised Hamilton Rating Scale for Depression SF12 for health and well-being	Hierarchical cluster procedure with Ward agglomeration method Repeated ANOVA					X	
Patterson, 1996 and Australia	Cross-sectional descriptive-correlational study	Leisure activity and relationship to stress	Widow/ers bereaved for 6–24 months	60	64	72	Interview with use of Leisure Activity Scale, Ease of Role Transition Scale, State-Trait Anxiety Inventory	Pearson correlation Multiple regression analysis	X					
Richardson and Balaswamy, 2001 USA	Cross-sectional, correlational study	Factors that explain adjustments during second year	Widowed men	200	74	0	Structured questionnaire measuring loss- and restoration based on dual process model of coping Bradburn's Affect Scale	Multiple regression analysis					X	
Richardson, 2007 and USA	Longitudinal case-control study Data from Changing Lives of Older Couples (CLOC) study	Factors that explain widow/ers adjustment over time	Widow/ers and matched controls	210	71	72	6, 18, 48 months after loss Structured questionnaire measuring loss- and restoration based on dual process model of coping Bradburn's Affect Scale	Multiple regression analysis					X	
Robinson, 1995 and USA	Descriptive, cross-sectional study	Relationship of resources (social support), coping processes, and grief responses	Widows in second year of bereavement	65	65	100	Norbeck Social Support Questionnaire Robinson Bereavement Questionnaire Jalowiec Coping Scale Grief Experience Inventory	Pearson correlations Path analysis			X			X
Rodgers, 2004 and USA	Descriptive-phenomenological study	Spousal bereavement	African American widows	11	63–94	100	In-depth interviews Research journal	Colaizzi's seven-step procedural phenomenological method	X	X	X			
Sable, 1991 and USA	Cross-sectional correlational study	Grief reactions	Widows	81	60% 50–74	100	Semi-structured interviews Texas Inventory of Grief Brief Symptom Inventory	Factor analysis with varimax rotation Correlational statistics Chi-square test					X	
Shih et al., 2010 and Taiwan	Mixed method study	Difficulties and differences between religiosity on coping strategies	Chinese widows	20	73	100	Semi-structured interviews	Descriptive statistics Mann–Whitney–U-test, Fisher exact test Critical thematic analysis	X					

Steeves, 2002 and USA Nursing	Ethnographic study	Process of bereavement	Elderly rural widow/ers of low socioeconomic status whose spouses had hospice care	15	70	66	Open-ended interviews before death of spouse and thereafter up to 29 months (16 per participant)	Hermeneutic phenomenological analysis after Cohen, Kahn and Steeves	X	X	
Steeves and Kahn, 2005 and USA Nursing	Qualitative longitudinal study	Experience of bereavement	Elderly rural widow/ers of low socioeconomic status whose spouses had hospice care	15	70	66	Open-ended interviews before death of spouse and thereafter up to 29 months (16 per participant)	Hermeneutic phenomenological analysis after Cohen, Kahn and Steeves	X	X	X
Thompson et al., 1991 and USA Gerontology	Longitudinal, case–control study	Effect of spousal bereavement on psychological distress	Bereaved older persons and controls	212 162	68	53	Structured interviews at 2, 12, 30 months after loss Beck Depression Inventory Global Severity Scale of Mental Health Symptoms Brief Symptom Inventory Texas Inventory of Grief-Revised	Multivariate profile analysis of repeated measure			X
Utz et al., 2004 and USA Psychology	Longitudinal case–control study Data from Changing Lives of Older Couples (CLOC) study	Changes and influences widowhood on household work	Widow/ers and matched controls	202 86	75	73	Baseline and 6 months after loss face-to-face structured interview	Ordinary least square regression			X
Vale-Taylor, 2009 and UK	Cross-sectional descriptive study	Post-funeral remembrance activities	Next of kin (spouses and adult children)	43	50–90	65	Questionnaire Semi-structured interviews	Descriptive and thematic analysis	X		X
Wilson and Supiano, 2011 and USA Nursing	Qualitative study	Conjugal grief experience	Widows of veterans	6	69	100	Open-ended, directed interviews	Identification of themes, organized into coherent categories, identification of patterns and connections between and within categories		X	X

<sup>a</sup> Themes: 1 Everyday activities and routines/2 Emotions/3 Life as a single person in a social context/4 Health and symptoms/5 Grief over time/6 Coping and its relation to grief and other outcomes.



**Table 3**  
Themes.

Themes	Sub-themes
Everyday activities and routines	Strategies to live with loss Leisure activities Remembrance activities Daily times and routines
Emotions	Loneliness Sadness Remorse
Life as a single person in a social context	Identity Independence and support Relationships with others Relationships with the deceased
Health and symptoms	Sleep difficulties Lack of energy Loss of appetite
Grief intensity over time	Grief over time Other measures of grief over time
Coping and its relation to grief and other outcomes	Coping styles Coping in relation to grief and other outcomes

Kendrick, 2000; Harrison et al., 2004; Hegge, 1991; Hockey et al., 2001; Holtslander et al., 2011; Holtslander and Duggleby, 2010; Jacob, 1996b; Rodgers, 2004; Steeves, 2002; Steeves and Kahn, 2005). Loneliness was described as a feeling of emptiness and physical aloneness that occurred because daily sharing was no longer possible, and persisted despite busy lives and social connections.

Other emotions older, bereaved persons reported are shock, sadness, pain, numbness and turmoil (Anderson and Dimond, 1995; Brabant et al., 1992; Harrison et al., 2004; Holtslander et al., 2011; Holtslander and Duggleby, 2010; Jacob, 1996b; Rodgers, 2004; Steeves, 2002). Remorse, self-blame and feelings of regret are also described, as are feelings of betrayal and anger (Costello and Kendrick, 2000; Hegge, 1991; Holtslander et al., 2011; Wilson and Supiano, 2011).

### 3.4. Theme 3: life as a single person in a social context

The findings of eight studies indicate that older, bereaved persons have to reorient themselves in their social world (Anderson and Dimond, 1995; Chan and Chan, 2011; Harrison et al., 2004; Hegge, 1991; Holtslander et al., 2011; Holtslander and Duggleby, 2010; Rodgers, 2004; Wilson and Supiano, 2011). Studies show that older persons have difficulty appearing in public alone and to socialize as a single person. Findings suggest that women in particular had to develop a new identity as widows, which was important for women's mastery; that is, their ability to pro-actively shape their lives, to experience self-growth, or to learn new skills and assuming new roles. Moreover, studies report that older widow/ers experienced a sense of discontinuation of time, or a disruption between the past, present, and the future, and a new perception of the future as limited and fraught with uncertainty (Chan and Chan, 2011; Holtslander et al., 2011; Holtslander and Duggleby, 2010).

The literature reports that as widow/ers, older persons have to negotiate their independence in the face of adversities. Functional impairments were found to limit the use of public space (Hockey et al., 2001), determine the amount of hours spent doing housework (Utz et al., 2004), and the extent of widows' self-perceived independence (Bennett et al., 2010). Concerns about finances and house ownership are also reported (Holtslander and Duggleby, 2010; Steeves and Kahn, 2005). It was not possible to determine from the reviewed studies whether dependence on family is increased by widowhood or other factors, such as old age and health status, but some studies report that the availability of family seems to influence the amount of support older persons receive (Bennett et al., 2010; Utz et al., 2004).

Studies show that relationships with family, friends, neighbours and other widow/er are a resource in bereavement (Bent and Magilvy, 2006; Carlsson and Nilsson, 2007; Harrison et al., 2004; Hockey et al., 2001; Holtslander and Duggleby, 2010; Jacob, 1996b; Robinson, 1995; Rodgers, 2004; Wilson and Supiano, 2011). While adult children seem to be an important source of support, previously difficult relationships can become further strained. Some support might not be wanted or is not considered helpful, for instance when it entails tasks that older persons prefer doing themselves.

Nine studies provide consistent findings that widow/ers experienced a continued engagement with their lost partner as a source of comfort (Anderson and Dimond, 1995; Carlsson and Nilsson, 2007; Carnelley et al., 2006; Costello and Kendrick, 2000; Harrison et al., 2004; Hegge and Fischer, 2000; Hockey et al., 2001; Vale-Taylor, 2009; Wilson and Supiano, 2011). This engagement included conversations, sensing the presence of the other, reliving the past through memories and dreams, being together through previously shared activities or by taking up an activity of the deceased, and having tokens of remembrance in the home, like a particular chair or fresh flowers.

### 3.5. Theme 4: health and symptoms

Older persons reported in six studies that they experience health problems during bereavement. Sleep difficulty was the most prominent health concern (Anderson and Dimond, 1995; Carlsson and Nilsson, 2007; Hegge, 1991; Holtslander et al., 2011; Holtslander and Duggleby, 2010; Kowalski and Bondmass, 2008). One study reported that 19% of the widows suffered from a disrupted sleep pattern within 2 years after the loss (Kowalski and Bondmass, 2008), and another study found that insomnia decreased to a statistically significantly extent within the first year from 65% to 15% of widow/ers (Carlsson and Nilsson, 2007). Fatigue and the lack of energy were also reported (Anderson and Dimond, 1995; Carlsson and Nilsson, 2007; Holtslander and Duggleby, 2010; Kowalski and Bondmass, 2008). Loss of appetite and nausea were further health concerns, with 22% of women reporting gastrointestinal issues, such as loss of appetite or weight changes (Kowalski and Bondmass, 2008).

### 3.6. Theme 5: grief over time

Seven studies reported how grief and other indicators of bereavement, such as depression, distress, mental health or personal growth develop over time. A statistically significant decline in grief over time was found in three studies that followed a cohort of widow/ers up to 30 months ( $p < .01$  to  $p < .001$ ) (Carlsson and Nilsson, 2007; Ott et al., 2007; Thompson et al., 1991). In contrast, when widows were grouped into 12-month time intervals since the death of their spouse, no statistically significant difference existed in grief between groups (Kowalski and Bondmass, 2008). For women, age and grief correlated positively (Sable, 1991).

Depression and distress were found to decrease over a time period up to 30 months while mental health increased over a period of 18 months ( $p < .001$ ) (Ott et al., 2007; Thompson et al., 1991). In comparison to matched, non-bereaved controls, bereaved older adults had lower well-being over a 4-year period (Richardson, 2007). Recently bereaved (cut off at 500 days) older widowers had also lower well-being ( $p < .01$ ), less positive ( $p < .05$ ) and more negative ( $p < .01$ ) affect compared to older men further from bereavement (Richardson and Balaswamy, 2001). Personal strength (i.e. amazed by own strength, proud about how well one manages, feeling a stronger person, increased self-confidence) increased over the years (Carnelley et al., 2006; Kim et al., 2011). In contrast, the process of finding meaning as well as involvement with the deceased by means of memories, conversations, and anniversary reactions was stable over time (Carnelley et al., 2006).

### 3.7. Theme 6: coping and its relation to grief and other outcomes

Coping was investigated in seven studies using a cognitive stress, appraisal and coping framework. Emotion-focused coping seems to be more used by bereaved women and early on in bereavement (Chovan and Chovan, 2006; Lalitha and Jamuna, 2004). In comparison to non-bereaved older persons, bereaved persons' self-perceived coping ability with their loss was statistically significantly higher ( $p < .001$ ) than the expected coping ability of those who were not bereaved, even though more than two third found that the death of their spouse was the most stressful thing that ever happened to them (Caserta and Lund, 1992). In contrast, appraisal of the loss event seems to impact on coping processes, with a tendency towards less effective coping (i.e. wishful thinking, self-blame) ( $p < .05$ ) when a person considered the loss as particularly threatening to her life (Gass, 1987, 1988).

A clearer picture emerges when coping is examined in relation to grief resolution (Herth, 1990; Robinson, 1995), health dysfunction (Gass, 1987, 1988), or social support (Robinson, 1995). While more positive coping styles (i.e. confrontive, optimistic, supportant, palliative, etc. coping) and grief resolution were positively associated in one study ( $p < .001$ ) (Herth, 1990), Robinson (1995) found that the effectiveness (how helpful coping style is) and not the use of various coping styles were associated with an adaptive

reaction to grief ( $p < .03$ ). Similarly, the use of many different coping styles was not associated with lower health dysfunction, in contrast to the use of coping styles deemed adaptive ( $p < .05$  to  $p < .001$ ) (Gass, 1987). The combination of the use of many coping styles and high effectiveness was associated with good social integration ( $p < .05$ ) (Robinson, 1995). These studies show that coping type and effectiveness, and not the amount used, is positively associated with grief resolution and good health function.

## 4. Discussion

This integrative review adds new insights about key characteristics of the bereavement experience in a later life context. Reviewed studies suggest that daily activities and routines are disrupted in bereavement, while certain coping strategies seem to sustain them in their everyday life. Nevertheless, after spousal loss, older persons; that is, in particular women, face a pervasive sense of loneliness and difficult daily and yearly times. Health concerns prevail or intensify, and older women have to negotiate their independence and new identity as widows in a social context. Changes in relationships with others and the deceased persons are both a challenge and resource.

The reviewed conjugal bereavement studies represent mainly a female perspective, and limit conclusions about older persons in general. Such a gender focus may be a result of the fact that some consider widowhood a women's health issue due to the feminization of old age (Williams et al., 2006). Yet even researchers who aim to have a mixed sample may be likely to recruit more women than men into their studies because of the higher proportion of widowed women (Administration on Aging, 2011; Federal Interagency Forum on Aging-Related Statistics, 2012; Swiss Statistics, 2009). Although this review included studies with particular ethnic, gender or clinical groups, it is not possible to make any inference regarding particular subgroups of widow/ers. Because a majority of studies stem from North America, research in other cultural contexts, and with particular groups are needed to understand cross-cultural as well as situated aspects of the bereavement experience in old age.

### 4.1. Limitations of review

While considerable effort has been made to employ a transparent and systematic procedure using the framework by Whittemore and Knafl (2005), personal assumptions and theoretical pre-understandings will inevitably have influenced the synthesis of results. Because of the focus of this review, studies focusing solely on particular bereavement issues and health outcomes were excluded, which could potentially add clarity to the findings around coping and shed light on the relationship between health, old age, and bereavement. Given the focus on spousal bereavement, this review provides less insight into the loss experience after the death of another family member, or family bereavement. Caution is also warranted when drawing conclusions about older persons in general, since a majority of study participants were widowed women.

#### 4.2. *Everyday and relational practices in bereavement*

The reviewed studies provide evidence about widow/ers' participation in various activities and use of certain strategies in their everyday life to live with loss. Based on a phenomenological perspective, these findings can be conceptualized as practices. Practices arise as persons are engaged in their everyday lives through activities, routines, relations, and concerns (Benner and Wurbel, 1989; Heidegger, 1926/2001). According to Attig (2004), bereavement threatens taken-for-granted life-worlds and disrupts life's narrative, leading to "an unravelling of the daily life and disruption of the flow of our life stories that we have accomplished through primary pre-reflective, non-deliberative, active, caring engagement with the world" (p. 349). Hence, bereavement necessitates a process that Attig (1996, 2000, 2004) calls "relearning the world"; which is a deliberate engagement with the world through daily practices and relationships.

The reviewed studies suggest that taken-for-granted, everyday and relational practices are disrupted for older, bereaved persons. The breakdown of a familiar world is evidenced in study findings in relation to difficult daily times and occasions, the challenge of filling the time, and the need to develop strategies to handle unexpected turmoil and to live with a sense of loneliness and the emotional upheavals of loss. In contrast, some of the reported everyday practices, like keeping busy, staying involved in leisure and other activities and pleasurable daily routines, or developing new skills, seem to provide familiarity and orientation for older, bereaved persons. Studies show that changes in relationships occurred on many levels. The rhythm of relationship with others shifts during bereavement, and new relational practices are developed to continue the relationship with the deceased. Study findings around the loss of identity as a spouse, and the sense of a changed perception of the life time add empirical confirmation of Attig's (1996, 2000, 2004) idea that the loss of a close person disrupts the narrative of a person's life.

Moreover, some findings of the reviewed studies are reflected in other studies, such as widow/ers' sense of loneliness (Byrne and Raphael, 1997; Costello, 2002; Stewart et al., 2001; Stroebe, 2008), and their continued relationships with the deceased spouse (Boerner and Schulz, 2009; Field and Filanosky, 2010; Field and Friedrichs, 2004; Field et al., 2003; Sanger, 2009). Other findings, such as the reformulation of identity or changes in independence are less established, albeit other existing research shows that a reorganization of social connections occurs in bereavement (Balaswamy et al., 2004; Ha, 2008, 2010; Ha et al., 2006; Lund et al., 1990; Stelle and Uchida, 2004).

#### 4.3. *Old age, health and bereavement*

This review indicates that health concerns, such as sleep disruption, fatigue and loss of appetite persist or intensify after spousal loss. These findings are consistent with studies investigating the impact of bereavement on health issues, which show that at least half of the bereaved

persons experience sleep disruption (Carter, 2005; Monk et al., 2008; Richardson et al., 2003), and which suggest that grief affects psychosocial health, depression and well-being (Bennett, 1997a,b; Byrne and Raphael, 1997, 1999; Fry, 2001; Mendes de Leon et al., 1994; Onrust and Cuijpers, 2006; Ott and Lueger, 2002; Turvey et al., 1999; van Grootheest et al., 1999). However, since health symptoms, caregiving and compromises to independence are pervasive in old age (Heeb et al., 2008), understanding the interrelationship between, and the impact of grief on these factors is complex.

#### 4.4. *Grief and coping*

While there is at least moderate evidence in this review to support a decrease of grief over time, findings regarding coping and its impact on adjustment are inconclusive due to methodological weaknesses or variability in study findings. Another reason for the inconclusive evidence might be that the cognitive theory of stress and appraisal used in most studies, which considers coping as adaptive or maladaptive, is potentially inadequate when such a complex phenomenon like bereavement is the stressor (Stroebe and Schut, 1999). Alternative approaches, such as the dual process model of coping with bereavement, suggest that bereavement involves different sources of stressors (Stroebe and Schut, 1999, 2010). These stressors occur from bereavement itself (loss-orientation) or from consequences of the loss (restoration-orientation) and require coping styles that fit the particular type of stressor. It is suggested that use of various coping styles, which shift between confronting the loss or attending to restorative aspects of living with the loss (oscillation) enables successful adjustment (Stroebe and Schut, 1999). The findings of this review point to the value of such newer understandings because studies propose that coping effectiveness; that is, the fit between style and stressor, and not a particular coping style, is important for grief resolution and positive health outcomes.

#### 5. *Recommendations for practice and research*

Albeit more research is needed to fortify the existing knowledge base around conjugal bereavement in old age, implications for practice can be derived based on this review. When working with older, bereaved persons, nurses and other health professionals need to address the disrupted and sustaining everyday and relational practices. This involves support to change everyday practices, to maintain old or develop new ones, to learn to live with difficult emotions and times, and to negotiate relationships. Additionally, nurses and other health professionals need to be aware that loneliness and relational practices with the deceased are pervasive. Health challenges, symptoms and existential fears regarding dependence and an uncertain future also warrant attention. It is necessary to identify needs and concerns, conduct appropriate assessments, and to discuss strategies to manage symptoms and health problems, such as sleep disruption, fatigue and exhaustion, lack of appetite, pain or symptoms of persistent illness. Intensity of grief and

adverse mental health may decrease over time, in contrast to other aspects attributed to grief, such as finding meaning in the loss or difficult times and anniversary reactions. Since there is a lack of evidence, nurses and other health professionals are called upon to refrain from making judgements regarding “adaptive and maladaptive” coping styles. It seems to be more appropriate to focus on the meaning of the loss and on the individual strategies used to deal with other losses occurring simultaneously or as a consequence. Furthermore, it is important to note that men and women might experience bereavement differently and have different needs.

Further research investigating the everyday life world of older, bereaved persons, with a focus on meaning patterns and everyday practices is necessary. It is likely that qualitative approaches will yield the richest insights and in-depth understanding of the everyday experiences and their meanings. Research that addresses the relational practices of older persons is also called for, in particular because more persons will experience spousal loss in oldest-old age, with family members playing a crucial part in supporting them in everyday life following the loss. Therefore, future bereavement research should explicitly address relational dimensions of grief, such as family relations, interactions, and processes, and include several family members. Both, qualitative and quantitative research approaches are useful to study the family bereavement experience, and allow for the collection of interactive and systemic family data and the use of the family as the unit of analysis (Feetham, 1991; Ganong, 2011; Gilliss, 1983; Gilliss and Davis, 1992).

While some knowledge about frequent health problems and symptoms exist, there is a lack of research about the interrelationship of old age, frailty, health and independence in relation to bereavement and widowhood. Further research that illuminates the relationship between coping and grief outcomes is also needed. Newer models, such as the dual process model of coping in bereavement (Richardson, 2010; Stroebe and Schut, 2010) provide a useful framework that accounts for the complexities of bereavement as stressor and the variety of coping styles used in an oldest-old population.

## 6. Conclusions

In this review, empirical findings about key characteristics of spousal bereavement in later life were synthesized. Thirty-nine studies that focused on the bereavement or grief experience of older persons were included, and findings grouped into six main themes. This review suggests that disrupted everyday activities and routines, as well as changed relationships within the family and social network are key aspects of the bereavement experience of older persons. Together with health concerns, threats to independence, a changed social identity, and a pervasive sense of loneliness that were identified in this review, older, widowed persons face many challenges following the loss of their spouse that shape their ability to manage life alone in the community. While many of the identified characteristics of the bereavement experience may not be unique to later life, they need to be considered

when working with this population in clinical practice, in particular because older persons may also face challenges associated with the ageing process and declining health in their daily lives. Because a majority of these studies included more women than men, and were carried out in North America, the identified themes represent to a large part a female, North American perspective. A consequent need for research that gives particular consideration to the experiences of older men and the impact of grief upon masculinities in later life, as well as to cultural diversity is therefore called for. Nevertheless, the existing evidence-base provides nurses and other health professionals with insights about the conjugal bereavement experience of older persons and equips them with research-based knowledge for their clinical practice. Moreover, existing research knowledge supports newer conceptualizations around grief as a very individualized, yet pervasive and common experience that needs to be integrated into the biographical narrative and meaning of persons' lives. Hence, such theoretical understandings seem to be useful guides for a more person-centred practice with older, bereaved people who lost their spouse.

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